

VOUCHER ABSTRACT -- FORM A-3 State Form 22933 (R 3/1-96) Approved by State Board of Accounts, 1996.

AGENCY NOTICE: Use this form as a coverniing transmittal for vouchers chargeable. Send two copies to the Auditor of the State of Indiana.

DOCUMENT NUMBERS			
Starting Number			
Ending Number			
Date (Month, Day, Year)			

		AGENCY FILL IN	
SIGNATURES FOR APPROVAL Department of Administration Signature		Fund / Object / Center Agency Name	
Budget agency Signature		AGENCY LEAVE BL	.ANK
Date Received (Mo., Day, Yr.)	Date Approved (Mo., Day, Yr.)	Control Group Number	
	PAYEE		AMOUNT
(Double space, use reverse side if necessary)			AWOON

(Double space, use reverse side if necessary)	
TOTAL:	
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